

**DISCLOSURE SUMMARY PAGE**

COMMITTEE NAME (Must be same as on Statement of Organization)

Friends of Jim LykamIA ETHICS ACT  
CAMPAIGN DISCLOSUREIMPORTANT: Indicate type of committee you are reporting for: 1

2008 MAY 30 PM 2:47

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate  
(5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee  
(8) Support State of Candidates**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Jim Lykam

Political Party

Democrat

Office Sought

State Representative

District (if Senate or House)

85thBarbara Lykam  
SIGNATURE OF TREASURER (or person filing this report)(563) 391-1919  
TELEPHONE5/28/08  
DATE SIGNED

FORM <b>DR-2</b> (Rev. 01/2001)	DISCLOSURE REPORT
For Office Use Only	
Comm. # <u>1397</u>	
Audited <u>2</u>	
Computer <u>4 pages</u>	

**Routine Penalties Due For Late Filed Reports Range from \$20 to \$800****SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:**I AM FILING A May 30, 2008 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.  
(report date) Indicate one 1☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election

County &amp; Local Committees, enter County in which Election is held

**STATEMENT OF CASH ON HAND**CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)\$ 18,196.84**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

850.00

Schedule F: Loans Received total (Attach Schedule F)

—

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

—(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

19,046.84**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

178.27

Schedule F: Loan Repayments total (Attach Schedule F)

—

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)

\$ 18,868.57

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

\$ —

\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ 992.89

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$ —**CANDIDATE COMMITTEES ONLY:**

CONSULTANT BREAKDOWN (Schedule G Attached?)

— YES ✓ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ —

# CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

**A**

(Rev. 06/97)

**MONETARY  
RECEIPTS**

☐ CHECK THIS BOX IF  
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

*Friends of Jim Lykam*

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
5/17/08	ID# 6237 CK# 1981	ABATEPAC 3118 Eastern Ave. NE Cedar Rapids, Ia 52402		\$300.00	
5/17/08	ID# CK#	State Haus Communications 1584 - 120th St. Earlham, Ia 50072		200.00	
5/21/08	ID# 6067 CK# 3814	Iowa Health PAC 6750 Westown Pkwy #100 West Des Moines, Ia 50266		100.00	
5/27/08	ID# 8035 CK# 4254	Union Pacific Fund for Effective 600 Thirteenth St. NW Suite 340 Washington, DC 20005		250.00	
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				

SUB-TOTAL

\$850.00

TOTAL (If last page of this schedule)

\$850.00

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1  
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Friends of Jim Lykam

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5/15/08	ID# CK# 1458	Jim Lykam 2906 W. 35th St. Davenport, Ia 52806	Reimbursed mileage 341 miles @ 50.5¢ per mile Fundraiser W. Des Moines.	\$ 172.20
5/15/08	ID# CK# 1459	Postmaster 4018 Marquette Davenport, Ia 52806	Nail Campaign disclosure reports.	6.07
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$ 178.27

TOTAL (if last page of this schedule) \$ 178.27

### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(l).)

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SCHEDULE <b>E</b> (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
5/21/08	House Truman Fund 5661 Fleur Dr. Des Moines, Ia 50321		postages design, printing for mailing	\$ 842.89	
5/26/08	Jim Lykam 2906 W. 35th St. Davenport, Ia 52806	Self	Yard signs	\$100.00	
5/26/08	Jim Lykam 2906 W. 35th St. Davenport, Ia 52806	Self	stakes for yard signs.	50.00	

SUB-TOTAL \$ 992.89

TOTAL (If last  
page of this  
schedule) \$ 992.89

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule E)